

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

6/1/05

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/30/05 2 Serial/Patent #: 10/523970

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing Fee Change			\$ 100.00
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND

\$ 100.00

8 TO BE REFUNDED BY: CC

Treasury Check

Credit Deposit A/C #:

9 719-4887

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Rita White

TITLE:

SIGNATURE: Rita White

PHONE: 703-914-0847 ext. 231

OFFICE: DO/EO

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B